

**RPC Spending Plan, Project Budget & Financial Report,  
Staffing Form & Materials Form Instructions**

**FY2020  
Form 110A**

GENERAL NOTES

The Spending Plan, PBFR and staffing form have four (4) potential funding streams. *For each category*, figures (dollar amounts) should be entered according to which funding stream supplies the money. The funding streams are as follows: 1) TAA8 Block Grant, 2) TAUA PFS 2015, 3) TABF SOR; and 4) TAAA State General Funds. All RPCs will make use of the PFS 2015 and the TABF SOR columns. The **Other Funds** column that was included on previous years' forms has been eliminated from the 110B and 110C.

Figures (and categories) on Spending Plan (110B) and PBFR (110C) and Staffing Form (110D) should match.

**INSTRUCTIONS FOR SPENDING PLAN (110B)**

1. & 2. Personnel & Fringe Benefits

(For each funding category), enter the total annual salary and fringe benefits and Full Time Equivalents (FTE) from the totals provided on the RPC Staffing Form **(lines 36 and 37, unless you add additional lines to the form)**

3. Operating

Three main sub-categories

Support - 3.a through 3.d

Workforce Development - 3.e through 3.g

Implementation - 3.h and 3.i

Operating Notes

SOR funding may not be used for 3.c. Facilities or 3.d. Equipment.

If an item is listed in Operating on the Spending Plan, it should not be listed as a Sub-contract on the PBFR.

4. Sub-contracts

5. Region-wide Admin Support

Budget Summary

This self-completes from the totals for each category on the Spending Plan. **The budget summary is in the format needed to complete the PBFR.**

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**INSTRUCTIONS FOR PBFR (110C)**

**The Budget Summary from the Spending Plan can be taken exactly as it is to complete the PBFR (lines 202-224).**

Enter the *categories and figures* from the Spending Plan Budget Summary. Do not change the categories or re-distribute them.

Even if no money is budgeted in a category on your Spending Plan, please leave the category label on the PBFR.

**INSTRUCTIONS FOR STAFFING FORM (110D)**

The Staffing Form should be submitted during the Plan and Budget period via the online submission system on the DBH website. In most cases, the financial team at the CMHC will handle the submission process.

After the initial submission, the Staffing Form should be submitted to the Prevention Branch Manager or their designee by email within 30 days of a new hire (you do not have to submit when someone leaves, only when you refill the position). Per the contract, the Prevention Manager or their designee must be notified of all new hires prior to an official offer. The Staffing Form will be resubmitted within 30 days of that new staff member starting in the position.

Specific instructions for each column include:

- **Column 1** – Type the staff members' names in this column
- **Column 2** – Using the drop down menu, select the staff members' position description
- **Column 3** – Type the staff members' date of hire
- **Column 4** – Type the date the staff member acquired their Certified Prevention Specialist certification/recertification.
- **Column 5** – Indicate the total number of hours the staff member works each week, **from all funding sources.**
- **Column 6** – Put the percentage of time the employee works in prevention and is funded through the specific funding streams from the Department. **This column is the percentage of time that is covered by state-supplied prevention funding only** (for example Block Grant, PFS, SOR, etc.) It does not include time that is covered by outside sources. *For example, 30 hours of time for Joe Smith is paid from Block Grant, 5 hours from PFS and 5 hours by a local ASAP board. For a 40-hour week, 87.5% of this person's time is available to prevention through the state provided funds (40-5 hrs paid by ASAP = 35 hours/40hours = 87.5%).*
- **Column 7** – This column will auto calculate.
- **Column 8** – This column will auto calculate.
- **Column 9** – Identify the dollar amount of salary that is provided for this staff member from Block Grant funding.
- **Column 10** – Identify the dollar amount of fringe that is provided for this staff member from Block Grant funding.
- **Column 11** – Identify the dollar amount of salary that is provided for this staff member from PFS funding.

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- **Column 12** – Identify the dollar amount of fringe that is provided for this staff member from PFS funding.
- **Column 13** – Identify the dollar amount of salary that is provided for this staff member from SOR funding.
- **Column 14** – Identify the dollar amount of fringe that is provided for this staff member from SOR funding.
- **Column 15** – Identify the dollar amount of salary that is provided for this staff member from State General Funds.
- **Column 16** – Identify the dollar amount of fringe that is provided for this staff member from State General Funds.
- **Column 17** – Identify the dollar amount of salary that is provided for this staff member from Other Sources. This amount should represent the funding that is provided for any additional prevention time not covered by state-provided sources. For example, Joe Smith works 40 hours but 5 of those are covered by ASAP funds. The cost of those 5 hours should be included here. Please include salary paid through Kentucky Moms MATR in this column.
- **Column 18** – Identify the dollar amount of fringe that is provided for this staff member from Other Sources using the same process as in Column 22. Please include fringe paid through Kentucky Moms MATR in this column.
- **Column 19** – This column auto calculates. It includes salary from all sources.
- **Column 20** – This column auto calculates. It includes fringe from all sources.
- **Column 21** – This column auto calculates. It includes salary from all state-provided sources only.
- **Column 22** – This column auto calculates. It includes fringe from all state-provided sources only.
- **Column 23** – This column represents the percentage of salary paid by the CMHC for retirement costs and included as part of fringe. For example, if Joe Smith is paid \$40,000 and his retirement costs an additional \$20,000, the number in this column would be 50%.
- **Column 24** – Indicate from the drop-down menu whether the employee's retirement is in the **state** system or **other** system.
- **Column 25** – Indicate the total number of years this person has worked in substance use prevention.
- **Column 26** – Indicate the total number of years, or portions, the person has worked at the RPC. For example, if a staff member has been employed six months at the time of submission, enter .5.
- **Column 27** – Indicate from the drop-down menu, the highest level of education the staff member has completed.

**INSTRUCTIONS FOR MATERIALS FORM (110E)**

Complete the Materials Form on a quarterly basis, providing a list of materials (flyers, posters, power points, videos, toolkits, etc.) you may have created during that quarter. If you have questions about whether you should include an item, please reach out to the RPC Liaison within the Branch at the state level.

A State staff member will reach out to let you know if you should send a digital copy of the item to the Prevention and Promotion Branch. Should you be asked to provide a digital file, you should send only one iteration of an item. For example, if you develop a marketing flyer that is adjusted for each county in your region, the flyer needs only be listed one time on the materials form, not individually for each iteration applicable to each county, and only one version sent digitally, if requested to do so.